

In-Home Behavioral Health Services RFR Application Checklist

--- Do not submit with Application ---

	APPLICANT USE	MOVA USE	
1	<input type="checkbox"/>	<input type="checkbox"/>	Submitted Intent to Apply (Email) no later than March 27, 2014

Submit Application One Original, One Copy (hard copy) no later than **4pm March 28, 2014**

2	<input type="checkbox"/>	<input type="checkbox"/>	Completed Agency Information From
3	<input type="checkbox"/>	<input type="checkbox"/>	Completed Credentials Chart
4	<input type="checkbox"/>	<input type="checkbox"/>	Completed Resumes
5	<input type="checkbox"/>	<input type="checkbox"/>	Provided Job Descriptions
6	<input type="checkbox"/>	<input type="checkbox"/>	Completed Funding Request
7	<input type="checkbox"/>	<input type="checkbox"/>	Sample Intake Form
8	<input type="checkbox"/>	<input type="checkbox"/>	Client Confidentiality Policy
9	<input type="checkbox"/>	<input type="checkbox"/>	Client Release of Information Form
10	<input type="checkbox"/>	<input type="checkbox"/>	Agency Brochures
11	<input type="checkbox"/>	<input type="checkbox"/>	List of Agency Board Members
12	<input type="checkbox"/>	<input type="checkbox"/>	Agency Travel Policy
13	<input type="checkbox"/>	<input type="checkbox"/>	Independent Auditors Report (Accompanying Letter)